

A

PLEA FOR AN HOSPITAL

ON THE

SOUTH SIDE OF GLASGOW;

BASED ON THE INADEQUACY OF THE EXISTING GLASGOW INFIRMARIES

BEING A PAPER READ TO THE GLASGOW SOUTHERN

MEDICAL SOCIETY, 16TH MAY, 1878,

BY

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GLASGOW:

FORTEOUS BROTHERS, 45 WEST NILE STREET.

1878.



A PLEA FOR AN HOSPITAL ON THE SOUTH SIDE OF GLASGOW.

GENTLEMEN,—

At the beginning of this session I indicated my intention of bringing formally before the Society my reasons for holding the opinion that the time has now come that we should strenuously endeavour to secure hospital accommodation on the South Side of Glasgow. In support of this opinion I have gathered, as far as I could, accurate information with regard to the extent and suitability of the existing hospital accommodation, and shall now place before you the information which I have obtained.

As you are all well acquainted with the existing hospitals, I need not occupy your time with any lengthened description of them, but I may mention that the Royal Infirmary was opened in the year 1794, with 150 beds, at a time when the population of Glasgow was somewhat under 60,000. As the population of the city increased this hospital was gradually added to, and now it contains 584 beds. I suppose this system of enlarging the already overgrown Royal Infirmary would have been still further carried out had not the removal of the University to Gilmourhill necessitated, in the interests of its Medical School, the erection of the Western Infirmary. This infirmary was opened in 1874. It has now 200 beds. In addition, we have the various special hospitals:—The Eye Infirmary, with 70 beds; the Ophthalmic Institution, with 26 beds; the Maternity Hospital, with 24 beds; the Lock Hospital, with 81 beds; and lastly, the Glasgow Training Home for Nurses, which is conducted on the principle of the Cottage Hospitals of England, and contains 15 beds. It must be remembered that the Glasgow Infirmaries are not merely local institutions—they have not merely to provide for the necessities of this great city, with its 600,000 inhabitants, but also to a large extent for the teeming population of the surrounding counties. Now, as a matter of fact, this hospital accommodation, which is generally supposed to be so extensive and

sufficient for the wants of the community, is not nearly so great in proportion to the population as the hospital accommodation of other large towns, and for some years back it has not been sufficient to meet the wants of the community. In order to get accurate information as to the present extent of this deficiency, I applied last year for statistics at the Royal and Western Infirmaries. At the Western Infirmary, the directors having found that the applications for admission exceeded the accommodation they were able to afford, caused a weekly statement to be kept of the patients waiting for admission. I have now received returns from the 18th of February, 1877, when the report began, till March 10th, 1878,* and I find that, in these 13 months, there were only 4 weeks during which the wards were able to accommodate all the applicants for admission. During the other 51 weeks, a variable number of unfortunate patients, sometimes as many as 60, but averaging 20, were weekly, and I suppose from the construction of the table that also means daily, turned away for want of room. At the Royal Infirmary no statement was kept, but the directors caused a daily statement to be kept from the time of my application, with the following result:—From the 4th of December, when the report began, till the present date, May 16th, the Infirmary has only been able to accommodate the whole of the applicants during the middle fortnight of December and the first fortnight of January—four weeks in six months. During the month of February the daily number of unsuccessful applications for admission gradually rose till it culminated at 87. At that date the overcrowding of the hospitals, and the pressure for more accommodation, became so great, that the directors of the two infirmaries sent a deputation to the city authorities requesting assistance, and making the melancholy statement that on that day, not only were the hospitals overcrowded, but 150 sick and suffering poor were unable to get admission. In this emergency the city authorities opened the Fever Hospital in Parliamentary Road, and, because at first only thirteen patients came forward to ask admission, it was asserted that this large demand on the accommodation of the Infirmary must be unreal. It must, however, be remembered that the unfortunate patients were here offered a hospital which quite recently had been filled with fever and small-pox patients, and which bore the stigma of a pauper institution. I do not wonder that the majority of these unfortunates preferred to take the chance of death in their miserable homes

* See Appendix.

to the horrors which admission to such an institution presented to the weak and feverish imagination of the sick. I do not assert that on examination the whole of this number would have been found fit patients for an infirmary. No doubt the number was swelled at this time by some who were suffering from merely trifling ailments, and being out of employment sought refuge in the comfortable wards of an infirmary; but I do assert that this large number of patients waiting at the doors of our infirmaries represents a mass of suffering and misery unrelieved, which is a disgrace to a city like Glasgow, and the statistics which I have brought forward prove that the deficiency, at least in the Western Infirmary, exists throughout every month of the year. The following table shows the average monthly deficiency at the Western:—February, 1877— $28\frac{3}{4}$; March, $27\frac{1}{4}$; April, 22; May, $16\frac{1}{4}$; June, $14\frac{3}{4}$; July, $2\frac{1}{4}$; August, $5\frac{1}{4}$; September, $8\frac{1}{4}$; October, $11\frac{3}{4}$; November, $7\frac{3}{4}$; December, 14; 1878—January, $31\frac{3}{4}$; February, $54\frac{3}{4}$; March, $46\frac{1}{2}$. At the present date I find that the hospitals are still unable to provide for suitable applicants, and that the overflow of patients sent from these institutions to the Parliamentary Road Hospital has been gradually increasing; to-day it numbers 58. As this institution is supported by the city rates, only those patients who belong to the city are admitted to its benefits. When the infirmaries are full, there is no resource for patients coming from without the city boundaries but the Poorhouse. As the summer goes on if the Royal Infirmary is able to accommodate all the applicants, as it formerly did in summer, this Parliamentary Road hospital will be closed. In this connection I may also bring forward a table which I extract from Dr. Russell's report of 1875 upon uncertified deaths in Glasgow, showing the comparative number of patients treated in the hospitals of Glasgow, Edinburgh, and Liverpool:—Number per thousand of population—Glasgow, 13; Edinburgh, 25; Liverpool, 15. In this estimate Dr. Russell points out that he has not taken into account the immense suburban population attached to Glasgow which supports the Infirmarys of Glasgow, and is entirely dependent upon them. He states that in 1871 for every 1000 persons in Glasgow there were 154 in the suburbs, while in Edinburgh there were only 28, and in Liverpool 66. So that, while these figures show that Glasgow, in proportion to its population, is far behind Liverpool and Edinburgh in hospital accommodation, the real disproportion is even greater than is here shown, and as the suburban population of Glasgow has grown rapidly since

1871 (and I think it will be generally admitted that it has grown more rapidly than the suburban population of either Edinburgh or Liverpool), the disproportion has every year been getting greater. I think, gentlemen, that the facts which I have laid before you warrant the opinion that the time has now arrived for some endeavour to increase the hospital accommodation of Glasgow, and in order to prove that this additional accommodation ought to be provided on the South Side of the city, I need only refer to the fact that the South Side, with a population of 200,000, teeming as it is with workshops and factories, has not a single hospital bed. It is clearly in the interests of the poor on the South Side of Glasgow that an hospital should be planted in such a position, and that patients suffering from acute disease or serious injuries can get access to it without undergoing the danger and suffering of being jolted along the streets of the city for several miles. Forty years ago the late Professor Cowan, the father of the present Professor of Materia Medica in our University, pointed out the necessity for local institutions in the various districts of Glasgow, and, in particular, advocated the institution of an hospital in the district of Gorbals, which was then a suburb of Glasgow. He says in a paper read to the Statistical Society of Glasgow in 1838—"The population of the city, at present 100,000, will in every probability continue comparatively stationary, while that of the suburbs, amounting to 153,000, will rapidly increase. Most of the factories and large public works are situated in the suburbs, and around these are the dwellings of the workers, and it is in the suburbs that new works will be erected. There is not accommodation for a single patient situated in the populous and rapidly increasing suburbs of the city." Again, in another place—"Instead of wasting public money on temporary buildings, it appears to me that small unpretending edifices should be erected in those situations where fever most generally prevails, capable of containing 50 or 60 patients each. There should be one in Calton, in Gorbals, and Anderston."

Although these remarks have special reference to contagious disease, the principle here enunciated is what I now advocate.

With regard to the question of increasing the number of our dispensaries, there is perhaps a greater difference of opinion. It has been commonly objected that in the great facilities which are afforded in some cities for indiscriminate medical charity, a great injustice is done to the younger members of the medical profession who have shop dispen-

saries, and who at present give a great deal of medical advice gratuitously; but I think the facts so clearly demonstrated by Dr. Russell in his reports on the uncertified deaths in Glasgow show that the system of parochial relief, largely aided as it is by these shop dispensaries, is not sufficient for the wants of the poor. Going upon the assumption that the extent and quality of the medical assistance obtained by the population in sickness, may be held to be fairly proportional to the number of deaths in that population which are certified, and finding that out of 45,000 deaths, 10,000 were uncertified, he proceeds to inquire into the facilities which the inhabitants of Glasgow have for securing medical attendance as compared with other cities. He finds that, compared with Liverpool and Edinburgh, we are very far behind—the proportion of the population in these cities who receive medical aid from the dispensary charities being three times greater than in Glasgow. The following is the exact number per thousand of the population in the three cities:—

		Glasgow.		Edinburgh.		Liverpool.
Treated at Dispensary,	...	56	...	131	...	181
Treated at home,	...	3	...	44	...	40

In proportion to the amount of medical charity dispensed does the percentage of uncertified deaths diminish. In Liverpool it is only $4\frac{1}{2}$ per cent. as compared with 22 per cent. in Glasgow, and in Edinburgh only 6 per cent. On the south side of Glasgow we have no charitable dispensaries, and no provision is made for the medical wants of the poor unless they are registered paupers, and were it not for the very large amount of gratuitous advice given by the medical practitioners individually, the case of these poor people, who have a daily struggle to keep out of pauperism, would be much worse than it is. Those of us who have had dispensaries know well how often the unfortunate patients who consult us struggle on until their case is well-nigh desperate, being afraid of incurring the expense of medical attendance, and how often the children of the poor are only brought to us for advice when their case is past remedy. These cases are indeed so common that we cease to remark upon them. The only dispensaries which the poor of Glasgow have access to are located on the north side of the river, and as they are free to all comers they attract a class of patients who are not necessitous, but who flock to these dispensaries in the belief that they there obtain superior medical skill, many of these people being at the same time under the care of general practitioners, and perfectly able to pay for their medical attendance. The real poor are meantime neglected,

and have no opportunity of obtaining assistance in the localities in which they live. In this connection I shall read an extract from Dr. Russell's pamphlet:—

What can be the meaning of the fact that 54 per cent. of *the children* who died "uncertified" were "taken to a dispensary," and only 13 per cent. of *the adults*; while 65 per cent. of *the adults* who died "uncertified," died without medical attendance, and only 34½ of *the children*, but this, that children are portable and were carried to the doctor, while the adults went as long as they were able, and when unable, died at home without further care. Every medical man who gives advice at his shop can tell how children are brought by their parents frequently when dangerously ill, sometimes in a dying state, and occasionally cases even of death within the doctor's premises have occurred. The only satisfaction to be got from such facts is this, that they indicate a desire on the part of the poor to overcome the difficulties of their position, and prove that they go in search of that which, by charitable agencies, ought to be brought to them in their own houses. Nor must we allow those numbers concerning deaths to become impressed upon our minds as giving any conception of the actual extent of neglected sickness in Glasgow. These 3,600 uncertified deaths, with their various degrees of admitted uncare for sick-beds, are simply a few of the multitude singled out and proclaimed to us by death, while 20 to 25 at a moderate computation for each death have been sick and have been equally uncare-for. If 1,600 persons died absolutely without medical attendance, we may be sure that 32,000 had various degrees of sickness, and received no medical aid.

In the words of Dr. Rumsey—"Many of the social burdens arising from widowhood, orphanage, and funeral expenses, which have been attributed to defective sanitary regulations, depend also in great measure on the want of early care and attention at the hands of duly qualified medical practitioners. An immense amount of productive labour is lost to society by mortality which might be diminished, and by sickness which might be either prevented or curtailed." Independence of extraneous aid, especially medical, rests for a large proportion of our population on the continuity of two conditions: (1) the steady application to daily wants of every penny earned; (2) the maintenance of unbroken health both by the bread-winner and his dependents. Unhappily, the number of those who deviate from the first condition greatly swells the ranks of those who necessarily become dependent when the second condition is invaded, as in the most favoured circumstances it so invariably is from time to time, as children multiply and life passes.

Well, gentlemen, I think the statistics which I have brought before you to-night prove that the hospital accommodation of Glasgow has been for some time back quite inadequate to supply the wants of the rapidly-increasing population of the city and suburbs, and that the deficiency is yearly increasing. I think it is also clear from the mass of statistics which Dr. Russell collected with great care two years ago, that the dispensary charities of Glasgow are still more lamentably deficient; and, further, that in comparison with other cities, they are badly distributed. We must now

consider how we are to begin to provide the required hospital and dispensary charities. It seems to me to be quite clear that, as one-third of the population of Glasgow resides on the south side of the river, without any medical charities, we on the south side must begin to provide for ourselves. I think it has been very clearly proven that the great centralization of the present hospital accommodation and dispensary charity is a mistake even for the interests of the inmates of these buildings. Some years ago the late Sir James Simpson pointed out the terrible mortality of the large hospitals as compared with the cottage hospitals of England, and as some of you may not be acquainted with the statistics which he adduced, I shall read you a short extract from a speech which he delivered in 1869:—*

Captain Galton had not alluded to the size of hospitals, but that seemed to be a matter of very great moment. In the large Parisian hospitals, one man out of every one and a half died when the limbs were amputated—three out of every five—a terrible mortality. When they came to Britain, they found that in the hospitals that had more than 300 beds the ratio was not so great as one in one and a half, but still the mortality was frightful; it was one in two and a half. He had obtained the statistics of about 2,000 patients in provincial hospitals; and there he found that of hospitals that contained less than 300 beds and down to 150, the mortality was one in four, greatly less than in London. When they came down to hospitals with from 150 to 25 beds, the mortality was about one in five or five and a half; and when they came to cottage hospitals, the mortality was only one in seven. But further, in country practice when the patients were isolated and each placed in a separate room, the mortality in the four limb-amputations was, amongst practitioners in general, only about one in nine; and where the country surgeon was in the habit of operating, it was found that the mortality diminished to one in twelve. Patients in the country were treated in their own dwellings or isolated rooms, and the question was, seeing that the patients recovered in a proportion so immensely greater in poor cottages than in rich hospitals, should not our great hospitals be changed from palaces into villages, from mansions into cottages?

I shall also quote a passage from a speech which was delivered by a distinguished member of this Society on the same occasion. I refer to Professor Macleod:—

He was much delighted to hear that Sir James Simpson had now come to the same conclusion as himself regarding the size and proper site for hospitals, for many years ago he had read a paper at the Social Science meeting at Glasgow, in which he advocated small establishments in the country to which patients might be sent for operation, and at that time also this question of the difference of mortality in town and country practice was stated by him. Small hospitals scattered throughout a city might provide for the immediate wants of the injured, and so avoid the great danger of transport. A great deal had been said about the internal arrangements of hospitals, but he would plead for more attention to their external surroundings. He had always thought

* Galton on the "Construction of Hospitals." Macmillan & Co., 1869.

that a fundamental error in the establishment of hospitals was placing them in cities and among many buildings. The larger and older a hospital became, the worse was it adapted for its purpose. He hoped the time would come when small buildings placed among fields and gardens, and having all the aids to recovery which amusements, flowers, and music could contribute, would be the type of our hospitals, and not the present huge piles of courts and towers crowded into the heart of our great manufacturing centres.

I might multiply statistics on this point, but I shall only adduce further the statistics collected by Mr. Henry Burdett, the author of a book on Cottage Hospitals, published last year. With reference to the mortality in 61 Cottage Hospitals, from which he received accurate tabular statements, he says:—

The cases of amputation in the 61 hospitals which are given in alphabetical order in the following table amount to 306, or one less than the number given by Professor Erichsen in his book, as “all the amputations which have been performed in his wards at University College Hospital from the foundation of the hospital—a period of thirty-eight years.” The average mortality in Professor Erichsen’s cases was 25 per cent., while it only amounted to 18 at these Cottage Hospitals. According to the most recent authorities, the mortality in general hospital practice after the major operations averages—In England, 41·6 per cent.; in Paris, 58·8 per cent.; in Glasgow, 39·1 per cent.; in Edinburgh, 43·3 per cent. giving an average mortality of 45·7.

These returns show that although Sir James Simpson may have exaggerated the success of country surgeons in general, he has not much over-stated the successful results of operations performed in cottage hospitals.

I bring forward these statistics for the purpose of pointing out, in the first place, the blunder which has hitherto been committed in Glasgow of constantly seeking to increase our already overgrown Infirmaries, and the fact that past experience shows that the older and the larger such institutions become, the more do they become permeated with organic impurities, and the less fitted to realise their ideal object as buildings intended for the treatment of the sick and injured under conditions the most favourable for their recovery. I think should we determine to commence this movement on the south side of Glasgow, our aim should be not to establish one large general hospital, but ultimately to establish two smaller institutions, conducted, at least partly, on the principle of the cottage hospitals of England. in respect that one or two wards should be set apart in which general practitioners might follow up the treatment of the cases which they send to the institution if, for any special reason, they should wish to do so; that the patients should pay, as far as they or their friends are able, for their maintenance, and that a minimum rate of sixpence a-day

should be charged in all cases. I would further advocate that each of these hospitals should have in connection with it, but not necessarily in the same building, a dispensary giving out-door relief in exceptional cases. In establishing such institutions on the south side of Glasgow, while supplying a great and clamant necessity, we should also greatly benefit the members of this Society. We have all of us, at times, among our patients, cases, medical and surgical, which require such skilled nursing and attention as can only be obtained in the wards of an hospital; and among our poorer patients who gravitate to hospitals, we have many interesting cases which we would like to retain under our own observation. Which of us has not had to contend with ignorant interference with our prescriptions, and inefficient nursing in cases of great interest and importance? In such a case as a bad compound fracture, or an anxious case of acute disease, how often have we had to lament the evil effects of one act of mistaken kindness, or of carelessness on the part of an untrained nurse, which has ruined our best endeavours for the safety of our patient! Gentlemen, although in the wards of such an institution as I advocate we would not be followed by a crowd of admiring pupils, nor would we have the *éclat* of a large hospital, we would be amply repaid by having a field for the accurate investigation of disease, and of the effects of remedies which private practice does not always afford.

Now, gentlemen, I would venture to suggest that the Southern Medical Society should take up this matter of providing hospital accommodation for the south side of Glasgow, and that a Committee should be appointed for making the necessary enquiries and taking the necessary steps in initiating this movement. The Southern Medical Society is now a large, influential, and well-organised body, and if its members determine that this thing shall be, I am quite convinced that the difficulties which loom so great at the beginning of all such enterprises will shortly disappear. If it were necessary it would be easy to show that a development of the energies of the Society in this new direction would most surely promote the declared objects of its founders. But it is not necessary to occupy your time in this manner. You are the members of a great, a generous, a humane profession, and if I have succeeded in convincing you, as I have convinced myself, that we are surrounded by large numbers of sick and suffering poor, for whom no adequate medical aid has been provided, each one of you will be quite as anxious as I am to provide a suitable remedy.

A P P E N D I X.

THE principal difficulty which stands in the way of building a new hospital in Glasgow, is the difficulty of collecting a sufficient amount of money. It is said that the existing infirmaries are hardly able to meet their expenditure, and that a new hospital would make their difficulty still greater by attracting many of their present subscribers. It is further objected that the present time is peculiarly inopportune, because the dulness of trade has led to a scarcity of money in the community. In answer to these objections I have to reply that the poverty of the older infirmaries is more apparent than real. According to last year's report the Royal Infirmary has accumulated a capital of £82,000. Last year, although, from the disputes about the religious persuasion of the nurses and other causes, there was a deficiency of £1,100 in the income as compared with the expenditure, the legacies which fell due during the year not only made up for this deficiency, but admitted of £1,100 being carried to the capital account. In the future the prospects of the Royal Infirmary are even brighter, as they have the reversion of a legacy of £40,000 left by the late Mr. John Clark, of Mile-End.

The Western Infirmary has only been four years in existence, and not only has it paid its way, but it has already accumulated a capital of £10,000, and has in addition a supplementary fund of £2,000.

In view of these facts it cannot be maintained that there is any ground for the desponding statements which are so frequently indulged in by timid people, who seem to be afraid that if it were generally known that these large accounts were growing larger from year to year the subscriptions would fall off.

Let it be known that the existing medical charities are so inadequate. Let it be known that a new hospital and new dispensaries are required, and I am slow to believe that a ready response would not be given by many generous hearts among the hundreds of rich people in this city who

are not affected by the vicissitudes of trade. It has been said that in view of the difficulties experienced in collecting money, the proper way to meet the want is by levying a special rate for hospitals. But what a lamentable testimony that would be of the meanness and inhumanity of rich Glasgow. These poor, who at present struggle with might and main to keep out of pauperism, would here be encouraged to become paupers in a rate-paid hospital. Surely the better way is to help them to help themselves. Let them be encouraged to subscribe their mite to the support of hospitals, and let the charitable come forward to supply their deficiency.

There are thousands of people in Glasgow who could do a little, but who at present do nothing, for the medical charities of the city, because they have not had the urgent need which exists of extended support properly represented to them. Let the charitable in Glasgow not only give of their money, but as in other towns let them devote a portion of their leisure to the advocacy of this cause. Let us enlist all classes of the community, not despising the contribution of the poor, and I am quite sure that the disgrace which at present attaches to Glasgow of providing so inadequately for its sick and suffering will be speedily removed, and with it a fertile cause of widowhood, orphanage, and pauperism of which less wealthy cities would be ashamed.

WEEKLY STATEMENT OF NUMBER OF PATIENTS WAITING FOR ADMISSION AT THE WESTERN INFIRMARY.

Week ending.	Med.	Surg.	Total.	Week ending.	Med.	Surg.	Total.
1877.				1877.			
Feb. 18, ...	13	14	27	Sept. 2, ...	—	7	7
" 25, ...	15	15	30	" 9, ...	—	11	11
March 4, ...	21	10	31	" 16, ...	—	—	—
" 11, ...	22	5	27	" 23, ...	2	8	10
" 18, ...	24	—	24	" 30, ...	—	5	5
" 25, ...	27	—	27	Oct. 7, ...	1	7	8
April 1, ...	18	2	20	" 14, ...	4	12	16
" 8, ...	4	7	11	" 21, ...	7	9	16
" 15, ...	13	7	20	" 28, ...	7	—	7
" 22, ...	20	4	24	Nov. 4, ...	7	—	7
" 29, ...	3	10	13	" 11, ...	5	4	9
May 6, ...	14	2	16	" 18, ...	7	—	7
" 13, ...	21	—	21	" 25, ...	6	2	8
" 20, ...	9	1	10	Dec. 2, ...	8	6	14
" 27, ...	15	3	18	" 9, ...	9	9	18
June 3, ...	14	2	16	" 16, ...	—	—	—
" 10, ...	8	2	10	" 23, ...	15	9	24
" 17, ...	10	6	16	1878.			
" 26, ...	7	10	17	Jan. 6, ...	19	—	19
July 1, ...	1	3	4	" 13, ...	15	8	23
" 8, ...	1	3	4	" 20, ...	18	17	35
" 15, ...	1	—	1	" 27, ...	32	18	50
" 22, ...	—	—	—	Feb. 3, ...	42	19	61
" 29, ...	—	—	—	" 10, ...	38	22	60
August 5, ...	2	—	2	" 17, ...	30	19	49
" 12, ...	2	3	5	" 24, ...	33	16	49
" 19, ...	2	7	9	March 3, ...	43	22	65
" 26, ...	2	3	5	" 10, ...	18	12	30

DAILY STATEMENT OF NUMBER OF PATIENTS WAITING FOR ADMISSION AT ROYAL INFIRMARY.

Date.	Medical.		Surgical.			Date.	Medical.		Surgical.		
1877.	M.	F.	M.	F.	Tot.	1878.	M.	F.	M.	F.	Tot.
Dec. 4, ...	5	—	—	—	5	Jan. 30, ...	7	3	2	—	12
" 5, ...	4	—	1	—	5	" 31, ...	4	2	—	—	6
" 6, ...	7	—	—	—	7	Feb. 1, ...	7	2	—	—	9
" 7, ...	4	—	—	—	4	" 2, ...	7	1	—	—	8
" 8, ...	—	—	—	—	—	" 4, ...	6	5	—	—	11
" 10, ...	6	—	—	—	6	" 5, ...	8	6	—	—	14
" 11, ...	4	—	—	—	4	" 6, ...	14	3	—	—	17
" 26, ...	3	—	—	—	3	" 7, ...	39	26	3	—	68
" 27, ...	3	—	—	—	3	" 8, ...	36	21	3	—	60
" 28, ...	7	—	—	—	7	" 9, ...	39	25	1	—	65
1878.						" 11, ...	43	25	—	—	68
Jan. 15, ...	—	2	—	—	2	" 12, ...	47	22	—	1	70
" 16, ...	—	2	—	—	2	" 13, ...	55	21	1	1	78
" 22, ...	—	4	—	—	4	" 14, ...	59	21	3	—	83
" 23, ...	—	2	—	—	2	" 15, ...	63	22	2	—	87
" 24, ...	1	1	—	—	2	" 16, ...	63	18	2	1	84
" 25, ...	8	3	—	—	11	" 18, ...	53	15	—	—	68
" 26, ...	1	3	—	—	4	" 19, ...	49	17	—	—	66
" 28, ...	3	5	—	—	8	" 20, ...	51	18	—	—	69
" 39, ...	9	5	—	—	14	" 21, ...	42	15	—	—	57
						" 22, ...	30	12	—	—	42

No further statement has been kept at the Royal Infirmary, because the overflow from that date was sent to the Parliamentary Road Hospital, which was opened on February 27th, with 13 patients. The number gradually increased, and at the present date (May 16th) there are 58 patients in that institution.

It must be borne in mind that no patients are admitted to its benefits unless they belong to the city; so that patients coming from the suburbs and surrounding counties may still be unprovided for.

